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CONFIRMATION NO. 5387

<b>SERIAL NUMBER</b> 09/435,562	<b>FILING OR 371(c) DATE</b> 11/08/1999 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> MVMDINC.001C
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/187,200 11/06/1998 PAT 6,152,144 *leo*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*now 60*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/08/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> <del>60</del> 62	<b>INDEPENDENT CLAIMS</b> <del>10</del> 3
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**ADDRESS**  
20995

**TITLE**  
METHOD AND DEVICE FOR LEFT ATRIAL APPENDAGE OCCLUSION

<b>FILING FEE RECEIVED</b> 2632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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